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Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 30223 7590 06/29/2005 JENKENS & GILCHRIST, P.C. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. 225 WEST WASHINGTON **SUITE 2600** CHICAGO, IL 60606 07/15/2005 WASFAW2 00000041 10749708 (Depositor's name (Signature) 01 FC:2501 700.00 DP (Date) FILING DATE APPLICATION NO. FIRST NAMED INVENTOR ATTORNEY DOCKET NO CONFIRMATION NO. 12/31/2003 10/749.708 Jacquelyn R. Simoni 64682-00002USPT 9207 TITLE OF INVENTION: SAFETY FLASHLIGHT FOR DOGS APPLN. TYPE SMALL ENTITY ISSUE FEE **PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE YES \$700 nonprovisional 50 \$700 09/29/2005 **EXAMINER** ART UNIT **CLASS-SUBCLASS** TSO, LAURA K 2875 362-108000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list |Stephen G. Rudisill (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. JENKENS & GILCHRIST (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. 10-0447 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_\_\_(enclose an extra copy of this form). 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